

1044 U.S. PTO
10/13/01

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+ 9-4-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. PF000086

First Inventor BERTIN

Title APPARATUS FOR RECEIVING AUDIOVISUAL PROGRAMS

Express Mail Label No. EL555972517US

APPLICATION ELEMENTS		ADDRESS TO:	
<i>See MPEP chapter 600 concerning utility patent application contents.</i>			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper <input type="checkbox"/> Statements verifying identity of above copies 	
ACCOMPANYING APPLICATIONS PARTS			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney			
11. <input type="checkbox"/> English Translation Document (if applicable)			
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations			
13. <input checked="" type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input type="checkbox"/> Other: _____			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here.)</small>		<input checked="" type="checkbox"/> Correspondence address below				
Name	Joseph S. Tripoli					
	THOMSON multimedia Licensing, Inc.					
Address	Two Independence Way					
	P.O. Box 5312					
City	Princeton	State	NJ	Zip Code	08543	
Country	U.S.A.	Telephone	(609)734-9400		Fax	(609) 734-9700

Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677
Signature			Date
			8/31/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750)

Complete If Known

Application Number	Exp. Mail Label EL555972517US
Filing Date	Herewith
First Named Inventor	BERTIN
Examiner Name	n/a
Group / Art Unit	n/a

10978/94346
09/31/01

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:				3. ADDITIONAL FEES			
Deposit Account Number <div style="border: 1px solid black; padding: 2px; width: 300px; margin-bottom: 5px;">07-0832</div> Deposit Account Name <div style="border: 1px solid black; padding: 2px; width: 300px; margin-bottom: 5px;">THOMSON MULTIMEDIA LICENSING, INC</div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				Large Entity Fee Fee Code	Small Entity Fee Fee Code	Fee Description	Fee Paid
				105	130	205	65
				127	50	227	25
				139	130	139	130
				147	2,520	147	2,520
				112	920*	112	920*
				113	1,840*	113	1,840*
				115	110	215	55
				116	390	216	195
				117	890	217	445
				118	1,390	218	695
				128	1,890	228	945
				119	310	219	155
				120	310	220	155
				121	270	221	135
				138	1,510	138	1,510
				140	110	240	55
				141	1,240	241	620
				142	1,240	242	620
				143	440	243	220
				144	600	244	300
				122	130	122	130
				123	130	123	130
				126	180	126	180
				581	40	581	40
				146	710	246	355
				149	710	249	355
				179	710	279	355
				169	900	169	900
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3) (\$ 40)			

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	PAUL P. KIEL	Registration No. Attorney/Agent)	40,677	Telephone	(609)734-9650	
Signature				Date	8/31/01	

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